

Overview of Processes to Achieve Outcomes



Bioterrorism Preparedness
and Response Core Capacity
Project 2001

Core Capacity
Meeting
Tampa, Florida
May 24, 2001



Background

- Identified as a priority for CDC at the January 16, 2001, BT Steering Committee Retreat
- Builds upon the National Public Health Performance Standards Project
- Relies upon the CDC/DOJ Public Health Emergency Preparedness Assessment to inform the process
- Response to the Public Health Threats and Emergencies Act (Frist-Kennedy) – Authorizing Lang.



Public Health Threats and Emergencies Act (Frist-Kennedy)

- **319A– Establish capacities for public health to:**
 - Recognize clinical signs and epi. characteristics of significant outbreaks of infectious disease
 - Identify disease -causing pathogens rapidly and accurately,
 - Develop and implement plans to provide medical care for persons infected with disease -causing agents and persons exposed
 - Communicate information relevant to significant public health threats rapidly to state, local and national health agencies
 - Develop or implement policies to prevent the spread of infectious diseases or anti -microbial resistance



Public Health Threats and Emergencies Act (Frist-Kennedy)

- **319B– Assessment of Public Health Needs:**
 - In collaboration with state and local health agencies, perform an evaluation to determine the extent to which States and local public health agencies can achieve the capacities described in section 319A.

Public Health Threats and Emergencies Act (Frist-Kennedy)

- **319C– Grant to Improve State and Local Public Health Agencies to:**
 - Train public health personnel,
 - Develop, enhance, coordinate, or improve participation in an electronic network by which disease detection and public health related information can be rapidly shared among national, state, and local public health agencies and health care providers,
 - Develop a plan for responding to public health emergencies (i.e., bioterrorism), and
 - Enhance laboratory capacities and facilities.

Public Health Threats and Emergencies Act (Frist-Kennedy)

- **319D – Revitalizing CDC**
- **319E – Combating Antimicrobial Resistance (AMR):**
 - Establish an AMR Taskforce,
 - Develop improved AMR surveillance plans
 - Develop integrated information systems between public health departments related to AMR
 - CDC/NIH Collaboration on research
 - Medical therapeutics
 - Improved diagnostic testing techniques
 - Sequencing of genomes of priority pathogens
 - Improve education of medical and public health personnel
 - Conduct demonstration projects



Public Health Threats and Emergencies Act(Frist-Kennedy)

- **319F – Public Health Countermeasures to a Bioterrorist Attack:**
 - **Working Group on Preparedness for Acts of Bioterrorism (DHHS and DOD)**
 - **Coordinate research on pathogens likely to be used**
 - **Coordinate research and development and develop standards related to detection equipment**
 - **Develop policies and procedures related to the release of reserves of vaccines, drugs, and medical supplies that may be needed after a BT incident**

Public Health Threats and Emergencies Act (Frist-Kennedy)

- **319F – Public Health Countermeasures to a Bioterrorist Attack (cont):**

- Working Group on the Public Health and Medical Consequences of Bioterrorism (DHHS, FEMA, and DOJ)
 - Assess priorities and enhance preparedness of public health institutions, providers of medical care, and other emergency service personnel to detect, diagnose, and respond to a bioterrorist attack
 - Develop, coordinate, enhance, and assure the quality of joint planning and training programs between public health, hospitals, primary care facilities and firefighters, ambulance personnel, police and public security officers, and other emergency response personnel
- Grants will be made to states or consortia of states and professional medical organizations (training, early detection, medical care, communications)
- Support collaborative research between CDC and NIH



Proposed BT Core Capacity Project Outcomes

1. **Identify core capacities** needed to prepare for and respond to bioterrorism and develop state and local tools that can be used to measure progress in attaining this capacity.
2. Identify and **prioritize core capacities** such that state and local health departments can more effectively target infrastructure improvement to address these capacities.
3. **Attain a consensus from partners** to facilitate implementation of the first two outcomes.

Biological
Laboratory Response

Epidemiology
and Surveillance

Chemical
Laboratory Response

Laboratory Safety

CDC Bioterrorism Preparedness and Response Initiative

Worker Safety

Information
Integration Systems

Preparedness,
Planning and Reponse

Training

National
Pharmaceutical Stockpile

CDC

ProjectPartners

- CDCco -chairingaworkgroupwithASTHOand NACCHO
- OtherPartners:APHL,CSTE,NGA,NEMA, NAME,DOD,AMA,AHA,AVMA,PHF,APHA, APIC,NALBOH,USCM,ARC,IDSA,John's Hopkins,DOJ,FBI,FEMA,DHHS:OEP, HRSA,FDA,USDA,manyothers.....



Project Timeline (May - August 2001)

- May 24, 2001 – Tampa Florida (Partner Meeting)
 - Meeting intended to provide partners with background information pertinent to this project, help them understand how this project relates to past and future efforts (i.e., PHPSP and Frist-Kennedy), and understand and discuss desired outcomes of the project and the process needed to achieve them.
 - Approximately 35 - 50 invited.

Project Timeline (May - August 2001)

- June 6 - 8, 2001 – Kansas City Missouri (Working Meeting to Determine State and Local Capacities for Bioterrorism Preparedness and Response)
 - 2½ Day Meeting
 - Meeting participants will be involved in identifying and refining state and local capacities associated with BTP&R
 - Group Solutions Software to be used to synthesize participant input and guided discussion
 - Presentations will be delivered to discuss key subject matter areas (i.e., Disease Surveillance and Epidemiology, Laboratory Capacity, Communications, Preparedness Planning, and Response)



Project Timeline (May - August 2001)

- June 6 - 8, 2001 – Kansas City Missouri (Working Meeting to Determine State and Local Capacities for Bioterrorism Preparedness and Response)
 - A strawman of capacities will be used to drive the discussion based on previously designed tools such as the CDC/DOJ Public Health Emergency Preparedness Assessment and state and local emergency preparedness and response plans
 - Approximately 50 - 75 technical experts from state and local agencies will be invited

Project Timeline (May - August 2001)

- July 30 -31, 2001 – Washington, D.C. (Prioritizing State and Local Health Department Capacities for BTP&R)
 - Based upon the work completed in Meeting #2, participants will review overall state and local capacities for BTP&R and suggest priorities for these capacities to determine which areas need to be developed immediately to improve state and local response to bioterrorism
 - Group Solutions Software to be used once again
 - 1 and ½ day meeting
 - Approximately 40 -60 participants will be invited representing key stakeholders

Project Timeline (May - August 2001)

- August 27 -28, 2001 – Portland Oregon (Implementation and Planning Meeting)
 - This meeting will provide participants with a forum to:
 - Review capacities needed at the state and local level to address BTP & Refforts,
 - Review the priorities that have been identified, and
 - Discuss plan to move forward with implementation of these activities.
 - 1 and ½ day meeting
 - Approximately 100 participants primarily targeting senior officials and policymakers.



Project Timeline (May - August 2001)

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 - Review capacities needed at the state and local level to address BTP & Refforts,
 - Review the priorities that have been identified, and
 - Discuss plan to move forward with implementation of these activities.
 - 1 and 1/2 day meeting
 - Approximately 100 participants primarily targeting senior officials and policymakers.



BT National Project Meeting

- November 6 -8, 2001 – Atlanta Georgia
- Meeting will bring together state and local BT project staff and other national stakeholders group to share best practices and discuss future directions
- CDC will also use this meeting to launch interim implementation planning guidance developed as a product of the BT Core Capacity Project
- 350-400 participants
- Meeting information soon to be available on www.bt.cdc.gov.



Charge to Partners

- Identify meeting participants and recommend to CDC
- Stay engaged and involved
- Provide input during meetings and by review of post-meeting materials

Discussion

